DED AVA LAPPRETION OF DOOKER Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

0965-0381PSP

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			1/0	•		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUMBE		ER EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/ Ominus 20= *		M	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 = *		ϕ	X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESÉNT						+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							· ·			OTHER THAN	
		(Column 1)		(Column 2)	(Column 3)	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* \\ \	Minus	**	=-	X\$ 9=	<u>-</u>	OR	X\$18=		
	Independent	*	Minus	***	=	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	+140=		OR	+280=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	- <u>i</u>	(Column 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	향. :	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***]=	X42=		OR	X84=	t mari	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+140=		OR	+280=		
	î	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
	N.	(Column 1)		(Column 2)	(Column 3)	•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***	=	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=						OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, nt r "20." ADDIT. FEE								4	TOTAL	!	
W1	If the "High et No	mber Previously I	Paid For IN TH	IS SPACE is less th	an 20. nt r "20.			OR	ADDIT. FEE	`	